

City of Branson Fire & Rescue



Promoting A Fire-Safe Community
For Our Residents & Visitors

EMERGENCY DIAL 9-1-1
“It’s That Simple!”

“Training For Excellence”

City of Branson Fire Department
110 Crosby Street – Branson, MO 65616
(417) 337-8580

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip)

Years at present address? _____ If less than 2 years at present address, list previous address:

(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Single _____ Married _____ Spouses Name: _____

Spouses Employer: _____
(Name) (Phone)

Drivers License Number: _____ State of License: _____

Have you ever received a moving traffic violation? Yes _____ No _____
If yes, list: _____

Do you own a vehicle: Yes _____ No _____
(Year) (Make) (Model)

Automobile Insurance Carrier: _____
(Company) (Agent)

EDUCATION

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

HIGH SCHOOL	VOCATION/TRADE SCHOOL	COLLEGE/UNIVERSITY
Name:		
City/State:		
Year Graduated:		
Area/Degree/Diploma:		

Military

Branch:	Highest Rank:	Dates:	Assignment:
---------	---------------	--------	-------------

RELATED EXPERIENCE

Have you ever served on a fire district / department? ____ Yes ____ No

If yes, list fire district / department: _____
(Name) (City/ state) (Phone) (Chief officer)

List previous fire service training: _____

Do you hold a current Missouri EMT license? ____ If yes: _____
(License #) (Exp. Date)

List any other fire service / EMS / or rescue related training: _____

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc. _____

EMPLOYMENT

EMPLOYER/ ADDRESS/ DATES/PHONE	POSITION/SUPERVISOR	REASON LEFT

What are your current hours? ____ Would you be able to respond from work? ____

ORGANIZATIONAL AFFILIATIONS/ HOBBIES/ INTERESTS

List any organizations you are affiliated with: _____

List any hobbies or special areas of interest: _____

Are you related to anyone who is currently serving with Branson Fire / Rescue ____ Yes ____ No
If so, who? _____

Do you know anyone who is currently serving with Branson Fire/ Rescue ____ Yes ____ No
If so, who? _____

How did you learn about Branson Fire/ Rescue? _____

Did someone refer you? _____ If so, who? _____

HEALTH

Height _____ Weight _____ Condition of health: _____
Have you ever been treated for medical problems involving: (check) __ Back __ Heart __ Respiratory
Have you been treated by a physician for any condition in the past three years? ____ Yes ____ No
If yes, please describe: _____

Have you had a complete physical within the past 2 years? ____ Yes ____ No

Family Physician: _____
(Name) (Address) (Phone)

REFERENCES

List three personal references you have known for at least two years. No relatives or former employers.

Name/ Address	Day phone/ Evening Phone	How long have you known them

CONSENT / SIGNATURE

I certify that all information contained within this application is true to the best of my knowledge. I understand and authorize any reference, background, and criminal history checks. I also give my permission to contact my employer. I will comply with any physical examinations and/ or testing, including drug test, which may be required by the City of Branson for its employees, any of which will be at no cost to me.

Signature

Print Name

Date: _____

Social Security #: _____

Note: A completed consent form must accompany cadet applications.

City of Branson – Job Description

Job Title: Volunteer Firefighter

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, IT IS NECESSARY THAT YOU ACKNOWLEDGE YOU HAVE READ THE ESSENTIAL FUNCTIONS FOR THE POSITION OF “VOLUNTEER FIREFIGHTER” AND INDICATE BELOW YOUR ABILITY TO PERFORM THESE FUNCTIONS.

SUMMARY

Under the direct supervision of a Fire Captain or Incident Commander, Volunteer Firefighter controls and extinguishes fires, protects life and property, and maintains equipment according to the Standard Operating Procedures / Guidelines (SOPs/ SOGs) of the Branson Fire / Rescue and the City of Branson Personal Manual by performing the following duties:

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following:

- Responds to fire alarms and other emergency calls. Selects hose/ nozzle, depending on type of fire, and direct streams of water or chemicals onto fire.
- Positions and climbs ladders to gain access to upper levels of buildings or to assist individuals from burning structures.
- Creates openings in buildings for ventilation or entrance
- Protects property from water and smoke by use of waterproof salvage covers, smoke ejectors.
- Maintains apparatus, quarters, buildings, equipment, grounds and hydrants.
- Participates in drills, demonstrations and training courses on over-all firefighting techniques.
- Other duties as assigned

PHYSICAL DEMANDS:

The physical demands and working environment that follow are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, walk, sit, use hands to finger, handle or feel, reach with hands and arms, climb or balance, stoop, kneel, crouch, or crawl, talk or hear. The employee is occasionally required to taste or smell. The employee must frequently lift and / or move more than one-hundred (100) pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

WORKING ENVIRONMENT:

While performing the duties of this job, the employee is frequently exposed to wet and / or humid conditions; moving mechanical parts, high, precarious places; fumes or airborne particles;

toxic or caustic chemicals; outside weather conditions; extreme heat and risk of electrical shock.
The noise level in the work environment is usually moderate.

I HAVE READ THE POSITION DESCRIPTION FOR “VOLUNTEER FIREFIGHTER” AND:

_____ I CAN PEFORM THE “ESSENTIAL” JOB FUNCTIONS OF THE POSITION
WITHOUT ACCOMMODATION.

_____ IN ORDER FOR ME TO PEFORM THE “ESSENTIAL” FUNCTIONS OF THE
POSITION, I WOULD NEED THE FOLLOWING REASONABLE
ACCOMMODATION (S):

_____ I CANNOT PEFORM THE “ESSENTIAL” JOB FUNCTIONS WITH OR WITHOUT
REASONABLE ACCOMMODATIONS.

DATE: _____ SIGNATURE: _____

PRINT YOUR FULL NAME: _____
